



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2010 APR 21 AM 11:54

AMHERST TOWN CLERK

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month 03 Day 06 Year 2010 Ending Month 04 Day 12 Year 2010

Type of report: (Check one)
☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Richard B. Hood

Full Name of Candidate (if applicable)

School Committee

Office Sought and District

28 Farmington Road

Residential Address

Amherst, MA 01002

Tel. No. (optional)

Rick Hood for Amherst Committee

Committee Name

Mary Ann Grim

Name of Committee Treasurer

65 Alpine Drive

Committee Mailing Address

Amherst MA 01002

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 820.00
Line 2: Total receipts this period (page 2, line 11) \$ 760.00
Line 3: Subtotal (line 1 plus line 2) \$ 1580.00
Line 4: Total expenditures this period (page 3, line 14) \$ 1330.97
Line 5: Ending balance (line 3 minus line 4) \$ 249.03
Line 6: Total in-kind contributions this period (page 4) \$ 0.00
Line 7: Total (all) outstanding liabilities (page 4) \$ 0.00
Line 8: Name of bank(s) used Florence Savings Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Mary Ann Grim
Treasurer's signature (in ink)

4/12/2010
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	None			
			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	None			
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7

